Case Number:	CM13-0046377		
Date Assigned:	12/27/2013	**Date of Injury:**	10/30/2006
Decision Date:	03/24/2014	**UR Denial Date:**	10/28/2013
Priority:	Standard	**Application Received:**	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who sustained an injury on 10/30/2006. While loading a pallet onto a trailer using a power jack, the patient slipped off the dock, fell backwards 6 feet and landed on his back and struck his head on the cement. Per the documentation submitted for review, the patient underwent an MRI on 08/06/2012, which noted a lumbar spine disc protrusion. The patient underwent an epidural steroid injection on 06/14/2013 with an unknown outcome. The patient was evaluated on 10/23/2013, which noted his pain as follows: neck pain was 5/10 to 6/10, which was an increase from 5/10 on the last visit; the patient's upper back pain was 10/10, which had increased from 9/10 on the last visit; the patient's lower back pain was 10/10, which had increased from 8/10 on the last visit; and the patient's left shoulder pain was 4/10 to 5/10, which had increased from 3/10 on the last visit. The objective findings of the examination were as follows: the cervical spine had grade II tenderness to palpation, grade II spasm and restricted range of motion in all planes. The thoracic spine had grade II tenderness to palpation. The lumbar spine had grade II tenderness to palpation, grade II spasm and restricted range of motion. The left shoulder had grade II tenderness to palpation. The diagnostic impression was tension headache; a history of cervical spine disease with exacerbation; history of thoracic spine musculoligamentous strain/sprain, exacerbation; history of lumbar spine musculoligamentous strain/sprain, exacerbation; lumbar spine disc protrusion per MRI dated 08/06/2012; history of left shoulder tendonitis, exacerbation; rule out left shoulder impingement syndrome; depression, situational exacerbation; and sleep disturbance secondary to pain, exacerbation. The treatment plan was Norco 5/325 mg and Medrox cream 120 gm with informed consent to be utilized as directed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The documentation submitted for review indicated that the patient had increased pain since the previous examination with the medication regimen prescribed. The MTUS Chronic Pain Guidelines recommend ongoing management of opioid usage to include the monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant drug-related behaviors. The documentation submitted for review indicated that the patient did not have a significant analgesic effect from the medication prescribed. It was additionally noted that the patient's pain had increased from the previous examination. Furthermore, the documentation submitted for review did not indicate that the patient had any functional improvement with the use of the medication. Given the information submitted for review, the request for Norco 5/325 mg is not medically necessary and appropriate.

Medrox cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of topical analgesics as specifically indicated. The Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox is noted to contain capsaicin. The MTUS Chronic Pain Guidelines recommend the use of capsaicin only as an option in patients who have not responded to or are intolerant to other treatments. The documentation submitted for review did not indicate that the patient had not responded or was intolerant to other treatments. Furthermore, the documentation submitted for review did not indicate that the patient had any analgesic effect with the use of the medication. As such, the continued usage of this medication is not supported. Given the information submitted for review, the request for Medrox cream 120 gm is not medically necessary and appropriate.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of Soma. Furthermore, the documentation submitted for review did not indicate that the patient's medication regimen had any analgesic effect. The patient's pain was noted as increasing with treatment. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Soma 350 mg is not medically necessary and appropriate.